RESEARCH & RELATED PERSONAL DATA Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pls and co-PDs/Pls. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/Pl and co-PDs/Pls with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Project Director/Principal Investigator					
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix		
Date of Birth: 08-13-1967	Social Security Number: 000-00-0000	Gender: Male			
Race (check all that apply):	Ethnicity:	Disability Status (check	Disability Status (check all that apply):		
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Do Not Wish to Provide 	Hispanic or Latino	HearingVisualMobility/Orthopedic ImplementOtherNoneDo Not Wish to Provide	•		
Citizenship : US Citizen					

Tracking Number: OMB Number: 4040-0001
Expiration Date: 04/30/2008

RESEARCH & RELATED PERSONAL DATA Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pls and co-PDs/Pls. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/Pl and co-PDs/Pls with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

	Co-Project Director/co-Principal Investigator 1			
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix	
Date of Birth: 08-13-1967	Social Security Number: 000-00-0000	Gender: Male		
Race (check all that apply):	Ethnicity:	Disability Status (check all t	hat apply):	
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Do Not Wish to Provide 	Hispanic or Latino	HearingVisualMobility/Orthopedic ImpairrOtherNoneDo Not Wish to Provide	nent	
Citizenship: US Citizen				

Tracking Number: OMB Number: 4040-0001
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